

## Complete Summary

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### GUIDELINE TITLE

Prevention of pediatric overweight and obesity.

### BIBLIOGRAPHIC SOURCE(S)

Krebs NF, Jacobson MS, American Academy of Pediatrics Committee on Nutrition. Prevention of pediatric overweight and obesity. Pediatrics 2003 Aug; 112(2):424-30. [88 references] [PubMed](#)

### GUIDELINE STATUS

This is the current release of the guideline.

American Academy of Pediatrics (AAP) Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

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## SCOPE

### DISEASE/CONDITION(S)

Childhood obesity

### GUIDELINE CATEGORY

Prevention  
 Risk Assessment

### CLINICAL SPECIALTY

Family Practice  
Pediatrics  
Preventive Medicine

#### INTENDED USERS

Health Care Providers  
Physicians

#### GUIDELINE OBJECTIVE(S)

To propose strategies to foster prevention and early identification of overweight and obesity in children

#### TARGET POPULATION

Children and adolescents

#### INTERVENTIONS AND PRACTICES CONSIDERED

##### Health Supervision

1. Assessing genetic, environmental, or combination risk factors (family history, birth weight, socioeconomic, ethnic, and other factors)
2. Calculating body mass index (BMI) once a year
3. Promoting healthy eating patterns and breastfeeding, encouraging physical activity, and limiting television and video time
4. Recognizing and monitoring changes in obesity-associated risk factors for adult chronic disease

##### Advocacy

1. Supporting individuals who help youth to maintain healthy lifestyle
2. Encouraging organizations responsible for health care and health care financing to provide coverage for effective obesity prevention and treatment strategies

#### MAJOR OUTCOMES CONSIDERED

Not stated

### METHODOLOGY

#### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

#### METHODS USED TO ANALYZE THE EVIDENCE

Review

#### DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

#### METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

#### DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

#### RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

#### COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

#### METHOD OF GUIDELINE VALIDATION

Peer Review

#### DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

1. Health supervision
  - a. Identify and track patients at risk by virtue of family history, birth weight, or socioeconomic, ethnic, cultural, or environmental factors.
  - b. Calculate and plot body mass index (BMI) once a year in all children and adolescents.
  - c. Use change in body mass index to identify rate of excessive weight gain relative to linear growth.
  - d. Encourage, support, and protect breastfeeding.
  - e. Encourage parents and caregivers to promote healthy eating patterns by offering nutritious snacks, such as vegetables and fruits, low-fat dairy foods, and whole grains; encouraging children's autonomy in self-regulation of food intake and setting appropriate limits on choices; and modeling healthy food choices.
  - f. Routinely promote physical activity, including unstructured play at home, in school, in childcare settings, and throughout the community.
  - g. Recommend limitation of television and video time to a maximum of 2 hours per day.
  - h. Recognize and monitor changes in obesity-associated risk factors for adult chronic disease, such as hypertension, dyslipidemia, hyperinsulinemia, impaired glucose tolerance, and symptoms of obstructive sleep apnea syndrome.
2. Advocacy
  - a. Help parents, teachers, coaches, and others who influence youth to discuss health habits, not body habitus, as part of their efforts to control overweight and obesity.
  - b. Enlist policy makers from local, state, and national organizations and schools to support a healthful lifestyle for all children, including proper diet and adequate opportunity for regular physical activity.
  - c. Encourage organizations that are responsible for health care and health care financing to provide coverage for effective obesity prevention and treatment strategies.
  - d. Encourage public and private sources to direct funding toward research into effective strategies to prevent overweight and obesity and to maximize limited family and community resources to achieve healthful outcomes for youth.
  - e. Support and advocate for social marketing intended to promote healthful food choices and increased physical activity.

### CLINICAL ALGORITHM(S)

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

Appropriate strategies for prevention of pediatric overweight and obesity

### POTENTIAL HARMS

Not stated

## QUALIFYING STATEMENTS

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

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### ADAPTATION

Not applicable: The guideline was not adapted from another source.

#### DATE RELEASED

2003 Aug

#### GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

#### SOURCE(S) OF FUNDING

American Academy of Pediatrics

#### GUIDELINE COMMITTEE

Committee on Nutrition

#### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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#### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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#### GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

#### AVAILABILITY OF COMPANION DOCUMENTS

None available

#### PATIENT RESOURCES

None available

#### NGC STATUS

This NGC summary was completed by ECRI on February 19, 2004. The information was verified by the guideline developer on March 29, 2004.

#### COPYRIGHT STATEMENT

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